

**State of Indiana Employee Plan Information**

Name of medical plan : Consumer Driven Health Plan 1 (CDHP 1)  
 Type of medical plan: HDHP with HSA  
 Plan Year: 1/1/2013 - 12/31/2013  
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	8049	\$ 4,363.32	\$ 35,120,362.68
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	13541	\$ 13,077.48	\$ 177,082,156.68
		<b>Total Employer Plan Cost</b>	<b>\$ 212,202,519.36</b>

Name of medical plan : Consumer Driven Health Plan 2 (CDHP 2)  
 Type of medical plan: HDHP with HSA  
 Plan Year: 1/1/2013 - 12/31/2013  
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	1537	\$ 4,812.60	\$ 7,396,966.20
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	1726	\$ 13,979.16	\$ 24,128,030.16
		<b>Total Employer Plan Cost</b>	<b>\$ 31,524,996.36</b>

Name of medical plan : Traditional PPO  
 Type of medical plan: PPO  
 Plan Year: 1/1/2013 - 12/31/2013  
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	981	\$ 5,486.52	\$ 5,382,276.12
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	374	\$ 15,327.00	\$ 5,732,298.00
		<b>Total Employer Plan Cost</b>	<b>\$ 11,114,574.12</b>

1	Total number of health insurance eligible employees including Board members and legal counsel	29,850
2	Are all individuals insured under the state's employee health coverage eligible for the same plans?	Y
2a	If your answer is "N", please explain how your practice comports with IC 20-26-17-5(4)(A).	
3	How many employees receive compensation for electing not to enroll in the group health insurance program?	0
4	What is the annual dollar amount paid to employees that elect not to enroll in the group health insurance program?	\$ -
5	Additional compensation, if any, provided to member(s) to offset the cost of health care coverage?	\$ -
5a	Please provide an explanation of any arrangement	
6	Does the State offer/sponsor an on-site clinic?	N
6a	If so, is it funded outside the health plan?	
7	Total number of employees including Board members and legal counsel enrolled in your health plans	26,208
8	Total Employer Contribution to all Health Plans (sum of "Total Employer Plan Cost" from Section 2 for all health plans offered by the State)	\$ 254,842,089.84
9	Total annual employer contributions for all participants to a Health Savings Account (HSA), Health Reimbursement Account (HRA), Medical Flexible Spending Account (FSA), or Active VEBA	\$ 39,513,618.00
10	Total Broker or Benefit Consultant fees paid if they are not included in the premium.	\$ -
11	Sum of lines 5,8,9 & 10:	\$ 294,355,707.84
12	State's Average Employer Cost Per Employee Per Year (line 11/line 7)	\$ 11,231.52